FILING DATE **CLAIMS ONLY** CLAIMS AFTER AFTER 2nd AMENDMENT AS FILED IND. IND. DEP. DEP. IND. DEP. DEP. IND, DEP. DEP. 117 2 .3 6 6 7 8 9 54 55 56 57 58 59 60 62 22 3 23 24 3 25 26 27 28 29 30 31 32 33 34 35 36 37 1.3 13 8 9 9 9 9 9 9 9 9 9 9 97 98 99 100 **_1** TOTAL IND. **—**1 TOTAL DEP. TOTAL CLAIMS

SERIAL NO. 1077, 392 APPLICANT(S) FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 101 51 52 1 53 104 1 54 1 55 106 1 56 107 157 108 (58 109 1 59 110 1 60 111 1 61 112 62 113 63 14 64 1 65 115 116 1 66 1 17 67 1 18 68 19 1 69 20 1 70 121 1 71 $\sqrt{22}$ 172 1 23 [73 124 174 125 175 126 176 127 1 77 78 128 129 179 130 1 80 31 1 81 (32 82 33 <u> 1</u> 83 134 84 135 85 136 86 137 87 138 [88] 139 89 140 (90 41 191 (42 (92 93 43 194 144 145 195 796 46 147 197 <u>(48</u> į 98 [49 199 150 **1**00 TOTAL TOTAL

TOTAL DEP.

TOTAL DEP.